

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001395

STATE FILE NUMBER

AMENDED

Registration District No. 139

Primary Registration District No.

Registrar's No. 6

FILED JAN 23 1962

1. PLACE OF DEATH

a. COUNTY

HOLT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MOUND City

Length of stay in 1b

12 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

HOLT

c. CITY
OR TOWN

MOUND City

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EVERETT DESMEL SCHAEFFER

4. DATE
OF DEATH

Month

Day

Year

JAN. 14, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6-22-1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

FOREST City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY SCHAEFFER

13b. MOTHER'S MAIDEN NAME

SARAH BARTHOLOMEW

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. Bill MOORMAN - MOUND City, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Anoxia

INTERVAL BETWEEN
ONSET AND DEATH

2 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiac arrest

2 min.

DUE TO (c)

Myocardial Infarction

2 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour - Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July '55, to Jan. 14, 1962 and last saw him alive on Jan 14, 1962
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James Humphreys M.D.

22b. ADDRESS

Mound City Mo.

22c. DATE SIGNED

1/19/62

23. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

1-19-1962

23c. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE

23d. LOCATION (City, town, or county)

MOUND City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

James H. CRAWFORD, MOUND City, Mo.

25. DATE RECD. BY LOCAL REG.

1-19-1962

26. REGISTRAR'S SIGNATURE

James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.